



Date: 9/08/2005

FOH Disaster Advisory #2 – Vaccination Update *(revised)*

This advisory further clarifies CDC recommendations regarding potential health risks and appropriate vaccinations for relief workers in the Gulf Coast area. FOH will continue to issue advisories or clarifications as appropriate.

All staff traveling to the area:

1. Diphtheria/Tetanus (recommended)

CDC has recommended that vaccinations be within 10 years from deployment. Responders who suffer lacerations or puncture wounds that are heavily contaminated should have a tetanus vaccination within 5 years.

Agencies may feel it is prudent to update responders' tetanus if responders have not had a booster in the past 5 years. This is particularly true given the likelihood of responders incurring wounds and their ability to access tetanus boosters while in the field.

2. Hepatitis A vaccination - (optional)

CDC does not believe responders to Katrina are at high risk for Hepatitis A and therefore is not recommending the Hepatitis A vaccination. Good personal hygiene and hand washing will prevent hepatitis A. CDC continues to monitor the situation and will re-evaluate their recommendations should an increase in hepatitis cases occur.

Agencies should consider Hepatitis A an optional vaccination that can be provided as part of an overall employee or disaster team vaccination program.

Some agencies may have begun providing Hepatitis A vaccine to deployed personnel under FOH's previous recommendation. While this is not a CDC recommendation, we believe it may be prudent to continue to offer this vaccine given the uncertainty of the conditions and environment in the disaster area.

When determining if your particular vaccination plan should be modified, agencies should consider:

- 1) The low risk of hepatitis A
- 2) Possible work exposures for the responders
- 3) The availability of good field hygiene practices
- 4) Sources of food supply
- 5) The impact on the overall agency's response should the worker become ill.

FOH will continue to provide this vaccine as requested. We also are stockpiling Hepatitis A immunoglobulin, which provides more immediate protection, should an outbreak occur.

Staff Participating in the Following Activities:

ONLY medical personnel with direct patient/healthcare responsibilities (e.g., doctors, nurses, dentists, pathologists, morticians, etc.) should also receive:

3. Hepatitis B vaccination - (recommended)

The Hepatitis B series is a three injection series given over 6 months. While FOH believes this is a good recommendation logistically, starting the vaccination series or delaying deployment prior to starting the series may not *be possible*. Unlike, Hepatitis A, where protective antibody levels are developed relatively quickly after the first injection, satisfactory protection for Hepatitis B *often* requires *a longer time to* complete the series. In situations in which medical personnel have not started the series, Hepatitis B immunoglobulin would provide protection for deployment for 4-6 weeks.

If medical personnel have not begun the series, Hepatitis B vaccine series should be started. Where deployment is imminent and no Hepatitis B vaccination exists, Hepatitis B immunoglobulin may provide protection for 4-6 weeks. The vaccine and immunoglobulin may be given concurrently but is not required in most situations.

If an exposure occurs before the series is completed, the individual should be thoroughly evaluated by a physician for appropriate post-exposure prophylaxis with additional vaccine and/or immunoglobulin.

*Note: Only medical personnel providing direct patient care need this vaccine. **Most disaster responders do not need hepatitis B vaccine.***

For the complete document on the CDC's vaccine recommendation and rationale, go to: <http://www.bt.cdc.gov/disasters/hurricanes/pdf/katrina-responder-immun.pdf>.

4. Rabies immunoglobulin - (not recommended)

Staff providing support for animal control (e.g., dogs, bats, etc.), capture, treatment, or care do not need any additional protection such as rabies immunoglobulin.

All employees should be educated that they should avoid any encounter with an abandoned or loose pet. If they are bitten, it should be reported as quickly as possible to the Joint Field Office (JFO) or local medical personnel.

For the complete document on the CDC's vaccine recommendation and rationale, go to: <http://www.bt.cdc.gov/disasters/hurricanes/pdf/katrina-responder-immun.pdf>.